BK: 2026 PG: 3438
Recorded: 11/20/2026 at 8:44:18.0 AM
Pages 8
County Recording Fee: $42.00
Iowa E-Filing Fee: $3.00
Combined Fee: $45.00
Revenue Tax: $0.00
BRANDY L. MACUMBER, RECORDER
Madison County, Iowa

Return to:
Service Link
1355 Cherrington Parkway
Moon Township PA 15108

Prepared by:
Nancy J Jensen
145 NE Maple Ave
Box 435
Earlham, IA 50072
515-306-3765

POWER OF ATTORNEY

NOTE: THIS COVER SHEET DOES NOT MODIFY THE TERMS OF THE ATTACHED STRUMENT

IOWA STATUTORY POWER OF ATTORNEY

1. POWER OF ATTORNEY

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including but not limited to your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.

Your agent is not entitled to compensation unless you state otherwise in the optional Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a coagent in the optional Special Instructions. Coagents must act by majority rule unless you provide otherwise in the optional Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately upon signature and acknowledgment unless you state otherwise in the optional Special Instructions.

If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, Christopher L. Jensen, name the following person as my agent:

Name of Agent: Nancy J. Jensen
Agent's Address: 145 NE Maple Avenue, Box 435, Earlham, IA 50072
Agent's Telephone Number: (515) 303-3765

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of Successor Agent: _____
Successor Agent's Address: _____
Successor Agent's Telephone Number: _____

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

Name of Second Successor Agent: _____
Second Successor Agent's Address: _____

Second Successor Agent's Telephone Number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B:

(Initial each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

____ Real Property
____ Tangible Personal Property
____ Stocks and Bonds
____ Commodities and Options
____ Banks and Other Financial Institutions
____ Operation of Entity or Business
____ Insurance and Annuities
____ Estates, Trusts, and Other Beneficial Interests
____ Claims and Litigation
____ Personal and Family Maintenance
____ Benefits from Governmental Programs or Civil or Military Service
____ Retirement Plans
____ Taxes
CJ All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL)

My agent shall not do any of the following specific acts for me unless I have initialed the specific authority listed below:

(Caution: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. Initial only the specific authority you WANT to give your agent.)

____ Amend, revoke, or terminate a revocable inter vivos trust, if authorized by the trust.
____ Agree to the amendment or termination of any other inter vivos trust.
____ Make a gift to an individual who is not an agent, subject to the limitations of the Iowa Uniform Power of Attorney Act, Iowa Code section 633B.217, and any special instructions in this power of attorney.

Make gifts, either direct or indirect, to my agent acting under this power of attorney as follows:

____ Any such gift must be approved in writing by _____;
or
____ No third party approval is needed.
____ Authorize another person to exercise the authority granted under this power of attorney.
____ Waive the principal's right to be a beneficiary of a joint and survivor annuity,

including a survivor benefit under a retirement plan.
____ Exercise fiduciary powers that the principal has authority to delegate.
____ Disclaim or refuse an interest in property, including a power of appointment.

LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant shall not use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the optional Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

I hereby revoke all general or plenary powers of attorney previously executed, excluding powers of attorney described in Iowa Code section 633B.103, and excluding powers of attorney limited to a specific and identifiable action or transaction, which action or transaction is still capable of performance but has not yet been fully accomplished by the agent.

_____ shall have the authority to request an accounting of any agent.

EFFECTIVE DATE

This power of attorney is effective immediately upon signature and acknowledgment unless I have stated otherwise in the optional Special Instructions.

NOMINATION OF CONSERVATOR AND GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a conservator of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of Nominee for Conservator of My Estate: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

Name of Nominee for Guardian of My Person: _____
Nominee's Address: _____
Nominee's Telephone Number: _____

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Chris Jensen
Your Signature

September 15, 2025
Date

Christopher L. Jensen
Your Name Printed

145 NE Maple Avenue
Box 435
Earlham, IA 50072
Your Address

(515) 306-3765
Your Telephone Number

STATE OF Iowa, COUNTY OF Dallas

This document was acknowledged before me on September 15, 2025, by Christopher L. Jensen.

BRYAN S. WITHERWAX
Commission Number 726734
My Commission Expires
February 3, 2028

Signature of Notary Public

This document prepared by Bryan S. Witherwax, 6205 Mills Civic Parkway, Suite 201, West Des Moines, IA 50266

2. IMPORTANT INFORMATION FOR AGENT

AGENT'S DUTIES

When you accept the authority granted under this power of attorney, a special legal relationship is created between the principal and you. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must do all of the following:

Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.

Act in good faith.

Do nothing beyond the authority granted in this power of attorney.

Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as agent in the following manner: Christopher L. Jensen by Nancy J. Jensen as Agent.

Unless the Special Instructions in this power of attorney state otherwise, you must also do all of the following:

Act loyally for the principal's benefit.

Avoid conflicts that would impair your ability to act in the principal's best interest. Act

with care, competence, and diligence.

Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.

Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.

Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include any of the following:

Death of the principal.

The principal's revocation of the power of attorney or your authority.

The occurrence of a termination event stated in the power of attorney.

The purpose of the power of attorney is fully accomplished.

If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B. If you violate the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

Power of Attorney Affidavit

I, Nancy j Jensen (Attorney-in-Fact) being duly sworn, depose and say:

- The Principal, Christopher L. Jensen did, in writing, appoint me as the true and lawful Attorney-in-Fact in the enclosed/attached Power of Attorney.

- I have no actual knowledge or notice of invalidity, revocation, or termination of the Power of Attorney by death or otherwise, or knowledge of any fact indicating the same. I further represent that: the Principal is alive and has not revoked or repudiated the Power of Attorney; all events and conditions necessary to make the Power of Attorney effective have occurred; the Power of Attorney is in full force and effect; and the purpose described below is in accordance with the powers that the Principal conferred upon me as the Attorney-in-Fact.

- I make this affidavit for the purpose of inducing Navy Federal Credit Union to accept delivery of the executed loan package, as executed by me as the Attorney-in-Fact with full knowledge that this affidavit will be relied upon in accepting the execution and delivery of the executed loan package and in paying good and valuable consideration therefore.

I agree to fully indemnify and hold Navy Federal Credit Union harmless from and against any losses, liabilities, damages, claims, or costs (including reasonable attorney fees) arising from any representations that I make or transactions that I enter into or authorize as the Attorney-in-Fact for the Principal.

Nancy J Jensen, attorney in fact
Nancy j Jensen **Date** 10-28-26
(Attorney-in-Fact)

State of Iowa

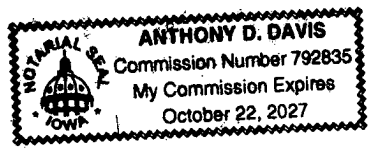
County of Madison

Signed and sworn to (or affirmed) before me on October 29, 2026
by Nancy j Jensen as attorney-in-fact for
Christopher L. Jensen.

Notary Public

Anthony D. Davis
Notary Public Name

My Commission Expires:
10/22/27



This notarial act was completed:
☒ In Person
☐ In Person Electronic
☐ Remote Online Notarization